

DISK ORDER FORM

Kentucky Board of Dentistry
312 Whittington Pkwy, Suite 101
Louisville, Kentucky 40222
Phone: 502/429-7280
Fax: 502/429-7282

☐ DENTISTS \$50 each

Choose: ☐ Excel Spreadsheet format or ☐ ASCII Format:
☐ Comma Delimited
☐ Tab Delimited
☐ Fixed Width

☐ HYGIENISTS \$50 each

Choose: ☐ Excel Spreadsheet format or ☐ ASCII Format:
☐ Comma Delimited
☐ Tab Delimited
☐ Fixed Width

* DISK REQUESTS ARE NOT CUSTOMIZED *

Field names appear on the first row; standard available fields are on each disk.
All files are issued on CD-ROMs and are mailed via First Class Mail

*Allow 2 weeks from date received in the Board office for processing of
each request. Payment must be sent with this order form.*

Mail disk to:

Attention _____

Company Name _____

Address _____

City, State, Zip _____

For office use only

Date Received: _____

Payment: _____

Date Sent: _____